

## Yellowknife Regional Wellness Council Meeting Agenda

**Wednesday, January 17, 2024**

**4:30 PM – 7:00PM**

**Location: Goga Cho 2<sup>nd</sup> Floor Boardroom**

**Teleconference:** 1 647 556 5305 | Code: 13371256#

**Video:** <https://my.telemerge.ca/meet/13371256>

**Mission:** Working with people to optimize wellbeing through the provision of collaborative and culturally appropriate health and social service

**Vision:** Healthy People, Healthy Families, Healthy Communities

**Values:** Collaboration Accountability Integrity Respect

**Cultural safety:** An outcome where Indigenous peoples feel safe and respected, free of racism and discrimination, when accessing health and social services.

**Acknowledgment of Land:** We acknowledge that we are in the Chief Drygeese territory.

From time immemorial, it has been the traditional land of the Yellowknives Dene First Nation, and more recently, the homeland of the North Slave Métis.

We respect the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

### Members:

- ☒ Nancy Trotter, Chair
- ☐ Gloria Enzo
- ☒ Nancy Cymbalisty
- ☐ Elizabeth Liske

- ☒ Gilbert Langsi
- ☐ Lindsay Debassige
- ☒ Brandie Miersch

### Employees:

- ☒ Meghan Dewhirst
- ☐ Diana Craig

### Guests:

- ☒ Fraser Lennie Director Quality Risk and Client Experience
- ☒ Tim Overliw Executive Director, Corporate and Support Services

#	Item	Time	Responsibility
1.0	Call to Order	4:30	Chairperson
2.0	Reflection/Prayer	4:31	TBD

Northwest Territories Health and Social Services  
Authority

Box 1320, Yellowknife, NT  
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Yellowknife Region

Administration des services de santé et des  
services sociaux des Territoires du Nord-Ouest

C.P. 1320, Yellowknife, NT  
X1A 2L9  
Région de Yellowknife

	Welcome & Introductions		
3.0	3.1 Acknowledgement of traditional territory	4:33	Chairperson
	3.2 Safety Overview	4:34	Meghan Dewhirst
4.0	Guest Speakers		
	<p>4.1 Office of Client Experience – Presentation attached.</p> <ul style="list-style-type: none"> <li>• Fraser Lennie (has filled many roles within the Healthcare Field. He is a Registered Nurse for over 15 years. He is born and raised in the north.</li> <li>• The Office of Client Experience provides support, answer questions and assists in client complaints. It supports all residents and guests in the Northwest Territories who are trying to navigate their way in the NWT Health care system.</li> <li>• Jan 2023 became operational. Feedback from the public indicated clients were not receiving culturally safe care. This was identified as a huge barrier more specifically in the Indigenous communities. The legislative Assembly gave this issue priority to ensure that all people have a voice and are heard within the healthcare system. The Office of the Client Experience is an initiative under the department cultural safety action plan to improve client and community experience.</li> <li>• The program is designed for cultural safety for all indigenous people and communities to ensure their issues or positive feedback are being heard. The dedicated team are all indigenous people who are ready to assist.</li> <li>• The pilot program provides: System Navigation, Client and Family Advocacy, increased access to cultural safety, spiritual, emotional and language support. The program is very broad, based on client needs, there is a scope of practice in place to ensure adequate measures are met to address an issue.</li> <li>• The program was first introduced by the Minister of Health &amp; Social Services, Julie Green.</li> </ul>	4:35	Fraser Lennie

	<ul style="list-style-type: none"> <li>• Quarterly data is conducted to ensure continuity. Once an issue has been addressed, a client will be mailed a “Client Feedback Form” to complete based on their overall response to how their issue has been addressed.</li> <li>• Advocates report to the director of the program. They also report to the COO in their respective regions. These working relationships are important in the process to ensure each issue(s) is addressed in a timely manner.</li> <li>• Individual concerns are addressed in confidentiality with a safe and positive culturally sound approach.</li> <li>• Program challenges – NTHSSA staff ability to address concern(s) is very limited.</li> <li>• Continually working with all staff in a positive experience to ensure to meet organization goals.</li> <li>• Healthcare can be high paced and stressful situation for all staff and clients. The goal is to work collectively and advocate for clients and staff.</li> <li>• Community Travel within the north is in the works to spread advocacy and awareness of the program.</li> <li>• Currently, funding for the program is very limited. 4 position allocated to the program, 3<sup>rd</sup> party funding has been amazing.</li> <li>• No advocate in the Sahtu, Dehcho, Yellowknife and Tlicho Region currently.</li> <li>• The Dehcho First Nation has reached to the Client Experience Team to assist in advocacy in the Dehcho Region for the next 2 years. The Dehcho Region is funding the program.</li> <li>• The one of the main focus of the program is building trust within the government. Trust has been broken within the Indigenous people about government bodies.</li> <li>• Exist survey in Q2/Q3 had 22 responses. Overall feedback is positive. There will be times that client issues are out of our control. Positive feedback is that their voices were heard and acknowledged.</li> <li>• Committee Member Q: Do these people feeling they are being heard?</li> <li>• Fraser Lennie (presenter) states on the survey “Did you feel heard during the survey”.</li> </ul>		
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	<p>Majority of the responses has been a positive outcome.</p> <ul style="list-style-type: none"> <li>• Marie Douglas is the Intake Coordinator. She empathizes with each client and tries to understand the uniqueness of each compliant.</li> <li>• Committee Member Q: Do you have callers needing language assistance.</li> <li>• Fraser Lennie (presenter) there has only been 1 request for language service – French. The team has great relationship with French Translation team. Indigenous languages, there has not yet been asked. Interpretation services is available to assist client in their preferred language to be able to give informed consent for care.</li> <li>• Committee Member Q: How do clients find your team? Do they visit clients in their ward or walk around the hospital for accessibility?</li> <li>• Fraser Lennie (presenter) has a mixed answer as he is currently advocating for an office for their staff so people can feel free to visit or seeking assistance. There is a commitment from Stanton to provide an office space in the hallway outside of emergency ward in the main hallway, high traffic area in the new Łıwegqatı̄ . Visibility and accessibility with an Advocacy is important.</li> <li>• Nancy T (Chair Committee) shares her concern with the limited funding provided to the Office of the Client experience. Indicators show, this program is making a difference by providing advocacy for all people of the north. Concerned there is no advocate in Yellowknife region.</li> <li>• Fraser Lennie (presenter) most complaints/questions are from Stanton, Yellowknife, and Inuvik. Anna is in Stanton Hospital but has also taken on Yellowknife and other regions to assist on client issues.</li> <li>• Tim Van Overliw – This is a challenge as the feedback from the community is positive to have more advocates in their region. Hence, it is a pilot program to see areas for improvement.</li> <li>• The quarterly reporting is designed to assist in decisions making. Access to services is only in regions where the advocates are working. The Client Experience team would like to be accessible to all communities and support</li> </ul>		
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	<p>people as they navigate their way through the healthcare system in the north.</p> <ul style="list-style-type: none"> <li>One of the challenges is not having an advocacy member physically in the community to better assist with client concerns. The Dehcho Region partnership is a great opportunity to increase client advocacy and start rebuilding trust within the community.</li> </ul>		
	<p>4.2 Medical Travel – Tim Van Overliw,</p> <ul style="list-style-type: none"> <li>This is more of learning opportunity to have a positive dialogue and to bring back to his team for further discussions. Listen to concerns and provide feedback on where improvements are happening.</li> <li>The Medical Travel Administration Portfolio and Non-Insured Health Benefits is under his portfolio. How the benefits are supported for residents who requires medical services not provided in the north to travel south through Medical Travel.</li> <li>Medical Travel Administration handles the day-to-day application process and internal policy. The policies implemented Federally and Internally managed through his colleagues in the Department of Health.</li> <li>Typically, Associate Assistant Deputy Minister and I would be together in this meeting unfortunately unable to join today with changes happening within the department.</li> <li>The joint meeting typically has 3 categories: <ul style="list-style-type: none"> <li>A) Clinical Perspective</li> <li>B) Client experience</li> <li>C) Quality Issues</li> </ul> </li> <li>Some of the issues that have been brought forward are, clients not receiving documentation in a timely manner. Clients have expressed they are not feeling safe in the medical travel accommodation. Also feel they are not being heard.</li> <li>(Benefits) which falls under NTHSSA as they are administration duties. How the information is delivered and the benefits.</li> <li>The department provides policy on written criteria and what kind of benefits will be provided. Here are some issues that clients have raised is "I am not happy with the benefit I am receiving, or I don't think its fair".</li> <li>Escorts are one of the challenges that my team has been advocating for based on the information we are given by clients to the Department of Health to ensure safety for clients travelling on Medical Travel.</li> </ul>	4:55	Tim Van Overliw

	<ul style="list-style-type: none"> <li>• Here are some changes that are underway that are potentially beneficial to the system as well.</li> <li>• Committee Member shares how frustrating it can be for elders to travel on their own. They require assistance in navigating their way through the health care system, support for language or to ensure safety of an elder travelling. She recalls back in 2015, this issue was brought forward. Why is there not a set age for escorts? If your over 60 or 65 years of age, an escort should be given no matter what the medical appointment is.</li> <li>• She shares this may help alleviate the stress on the family and the traveller regardless of the medical appointment. The family can feel safe their loved one is being taken care of. The escort can aid in ensuring the client is understanding the information being provided to them. This has been an on-going issue that has not formally been addressed in over 9 years.</li> <li>• Tim Van Overliw (Presenter) acknowledges this has been a consistent message he has heard from different organizations. The decision-making regarding escorts lies in the ministerial level. He will send this question back to his counterparts.</li> <li>• Committee Member, What happens if an injury/accident occurs, who is responsible?</li> <li>• Tim Van Overliw (Presenter) Quality assurance process. It's a case by case scenario based on the level of harm. Depending on the level of harm or severity a formal review will be conducted. If the harm is so significant and severe (Critical Incident) is sent directly to the minister and become public based on the recommendations.</li> <li>• There is a team who meets weekly to review all these occurrences to ensure continuity.</li> <li>• The office of Client Experience can assist in the appeal process if a client feels they did not receive appropriate benefits.</li> <li>• Exception policy is case by case scenario to provide approval on a complex case or may have been denied for benefits or medical travel. This will be reviewed by the Department. This is a great way for policy writers to hear clients concern to make adequate changes that meets all northern residents.</li> <li>• There is a lot of discussion happening related to Escorts with Ministerial Policy, Department</li> </ul>		
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	<p>of Health, indigenous services of Canada with Non-Insured Health Benefits.</p> <ul style="list-style-type: none"> <li>• It has taken some time to make forward changes regarding to escorts.</li> <li>• Nancy C (Committee Member) shared her medical travel experience. She recently stayed in the Larga Edmonton facility and was quite pleased with the whole medical travel experience.</li> <li>• Tim Van Overliw (Presenter) stated there has been an increase in tenant capacity in Yellowknife. Due to the overflow, clients were moved to a different facility. This was a good decision as people had their own rooms, bigger space. Hotels were also used to facilitate these needs, however, there has been safety issues that have been brought forward. The team meet with Managers to ensure the overall safety for everyone is being adhered. Additional safety protocols are in place. This is one of the areas we are closely monitoring.</li> <li>• Some of the changes are made is to block off certain days that may have high rates of travel so there are more support. Flights are also an issue, as we are working with the government for flights availability. Secondary options are chartered flights.</li> <li>• Nancy T (Committee Chair) relayed a concern that clients are not being made aware of their medical travel flight until the very last minute.</li> <li>• Tim Van Overliw (Presenter) Sometimes it can be between the clinic and clients coordinating appointments/travel or receiving documentations. There has been a backlog, managing staffing and mass evacuation has delayed the process. The commitment is completing each request in a 2-week timeline. Coordination of flight, cancellation.</li> <li>• Here are some of the solutions we have done to reduce the backlog is assessed certain requests that flowed to Medical Travel have been reviewed and moved to appropriate team to address. This reduced amount of paperwork. Staffing model from set schedule to shift schedule to accommodate client schedule. Or the ability to reach client right away to ensure appropriate date and time for medical booking. Rescheduling appointments will need to restart the whole process again.</li> <li>• I hope these positive changes will help with managing backlog and deliver the information to the client in a timely manner.</li> </ul>		
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	<ul style="list-style-type: none"> <li>He will bring back in the advocacy for escorts specifically for Elders. He is open to participate in future meetings. Or his counterparts can also attend a future meeting.</li> </ul>		
5.0	Agenda and Minutes	5:35	
	5.1 Previous Meeting Minutes – Review and Approval		Chairperson
	5.2 Approval of Agenda		
	5.3 Declaration of Conflict of Interest		
6.0	Business Arising		
	6.1 RWC activity plan update <ul style="list-style-type: none"> <li>Nancy (Chair Committee) is asking to move June 19, 2024, Northern Birthing Experience in the Fall 2024 to the committee? All members present agrees.</li> <li>July and August, the committee does not typically meet unless a situation warrants a meeting.</li> <li>Potentially have Tim Van Overliw participate in the Fall 2024.</li> <li>Meghan (Acting COO) asked as Accreditations in the Spring 2024. Have the meeting in Fall 2024 as there will a lot to discuss about the Result of the survey.</li> <li>May 15, 2024, Community visit to Lutselke Not all members will be able to attend but can participate remotely. Flights and accommodation will need to be reviewed prior to Community visit.</li> </ul>	5:40	Chairperson
7.0	Chairperson Report – report attached	5:50	Chairperson
8.0	Yellowknife Region COO Report <ul style="list-style-type: none"> <li>Frame Lake Clinic Closure due to heating in the building. Clients appointments were moved to Yellowknife Primary Care.</li> <li>Yellowknife Primary Care is under construction due to Sprinkler bursting.</li> </ul>	6:10	YK Region COO



	<ul style="list-style-type: none"> <li>• The sprinklers were at the front door as you walk into the building. Major damage to walls. Water in the Waiting Room, Lab and down the hallway. Its currently under remediation, POD A had moisture in the walls. IPAC has boarded off the area affected.</li> <li>• Counselling Services have been relocated to Goga Cho.</li> <li>• Lab and Diagnostic Imaging will be closed until its safe to operate in the area.</li> <li>• Client's appointments were not cancelled but found solutions to maintain work operation.</li> <li>• They have rescheduled, moved to virtual consult, moved appointments within both clinics.</li> <li>• Both Health centres worked effectively as a team during a major event.</li> <li>• Public Health - Access to Flu/Covid clinic in the peak of infections, Public Health has opened more clinics including Saturdays to address access. Mass Flu/Clinic earlier in the Fall 2023. This has reduced wait times for appointments.</li> <li>• Home Care - Attended an in-person Leap Training for Palliative Care for Personal Support Worker. Positive outcome and will put it into practice.</li> <li>• Move to the Łiwegòtì , no timeline yet. Deficiencies need to be completed and clearance from builder when it will be ready to open.</li> <li>• NTHSSA Accreditation is April 22-26, 2024. Simulation Survey was completed Week of Jan 15, 2024, with a Rep from Calgary.</li> <li>• Accreditation simulation outcome was positive from outside survey</li> <li>• Policy changes with Child and Youth Counsellor</li> <li>• program. Learning to manage policy changes and shortage staffing in their program. Trying to manage Service description and model of service with the reduction of staff.</li> <li>• No public engagement since visit to Lutselke and Fort Res in November 2023.</li> <li>• Planning a tour to the Łiwegòtì (<i>klee weh goh tee</i>) on Feb 22, 2024, if everyone is acceptable of the date.</li> <li>• <b>Nancy</b> (Chair Committee) noted there have been concerns with the CYC program. Hopefully, a different approach that would meet the needs of everyone can be implemented. We would like to continue to express our concern.</li> <li>• .</li> </ul>		
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9.0	<p>Roundtable Updates - Community activities, questions, and concerns</p> <ul style="list-style-type: none"> <li>Gilbert (Committee Member) reiterated that mental health is an issues (Depression) within the Black Community.</li> <li>Gilbert is a member of the group Black Advocacy Coalition, a Non-profit. They are planning workshops during Black history month in February.</li> <li>Workshops will be available to the public and to recognize Black History Month.</li> <li>some workshops which will be offered include, Mental Health, Reconciliation and allied ship "How to be an ally in the community". There are more activities schedule to increase participation from the Black community. Workshops are free and open to the public.</li> <li>Jan 19, 2024, will be visiting Sir John Highschool and Ecole St. Joes to distribute books written from Black Authors and have open discussions.</li> <li>Nancy C (Committee Member) No updates. She asked if there was a way to reuse items that another person may find useful such as Crutches. Rather than have them thrown out at the Dump. Brief discussion followed.</li> </ul> <p>It was noted that Physio takes used walkers.</p>	6:30	Chairperson
10.0	RWC Report to Leadership Council - Items to take forward to the Leadership Council	6:40	Chairperson
	<p>10.1 Review Action Items</p> <ul style="list-style-type: none"> <li>Tour for Łıwegə̀atì</li> <li>Mental Health in the Black Community</li> <li>Goals</li> </ul> <p>Gilbert asked about visiting Lutselke and Fort Res on the same visit. Nancy (Chair) stated it will be Lutselke in the Fall 2024 and Fort Res will be TBD.</p> <ul style="list-style-type: none"> <li>It was noted that to increase awareness of the RWC, having a booth in the Tradeshow has been suggested. The cost (\$950.00) makes this unrealistic. Potentially, partnering with another organization like the Baker Centre to assist in the cost was suggested.</li> <li>Nancy will follow-up</li> </ul>		
11.0	<p>New Business</p> <ul style="list-style-type: none"> <li>No New Business</li> </ul>	6:55	
12.0	Closing Reflections / Prayer provided by Gilbert	6:59	TBD
13.0	Motion to Adjourn – the chair declared the meeting adjourned	7:00	Chairperson

## Next Meeting – February 21, 2024

	ACTION ITEMS	OWNER	ASSIGNED	DUE	Completed
1.	Tour of Łıwegòatì ( <i>klee weh goh tee</i> )	Lorie-Anne/ Meghan Dewhirst	Annie Larochelle	When possible	
2.	Mental Health for black community needs a closer look Chair to take to LC	Nancy T	Nancy T	Ongoing	
3.	RWC Goals	All Council Members	Nancy T	January 2024	

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